

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

647695

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | | |
|-----------------|----------|------|------------------------|------|------------------------|------|-----------------|------|------|------|------|--|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | |
| 1 | / | | | | | | 51 | / | | | | |
| 2 | / | | | | | | 52 | / | | | | |
| 3 | / | | | | | | 53 | / | | | | |
| 4 | / | | | | | | 54 | / | | | | |
| 5 | / | | | | | | 55 | / | | | | |
| 6 | / | | | | | | 56 | / | | | | |
| 7 | / | | | | | | 57 | / | | | | |
| 8 | / | | | | | | 58 | / | | | | |
| 9 | / | | | | | | 59 | / | | | | |
| 10 | / | | | | | | 60 | / | | | | |
| 11 | / | | | | | | 61 | / | | | | |
| 12 | / | | | | | | 62 | / | | | | |
| 13 | / | | | | | | 63 | / | | | | |
| 14 | / | | | | | | 64 | / | | | | |
| 15 | / | | | | | | 65 | / | | | | |
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| 18 | / | | | | | | 68 | / | | | | |
| 19 | / | | | | | | 69 | / | | | | |
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| 21 | / | | | | | | 71 | / | | | | |
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| 24 | / | | | | | | 74 | / | | | | |
| 25 | / | | | | | | 75 | / | | | | |
| 26 | / | | | | | | 76 | / | | | | |
| 27 | / | | | | | | 77 | / | | | | |
| 28 | / | | | | | | 78 | / | | | | |
| 29 | / | | | | | | 79 | / | | | | |
| 30 | / | | | | | | 80 | / | | | | |
| 31 | / | | | | | | 81 | / | | | | |
| 32 | / | | | | | | 82 | / | | | | |
| 33 | / | | | | | | 83 | / | | | | |
| 34 | / | | | | | | 84 | / | | | | |
| 35 | / | | | | | | 85 | / | | | | |
| 36 | / | | | | | | 86 | / | | | | |
| 37 | / | | | | | | 87 | / | | | | |
| 38 | / | | | | | | 88 | / | | | | |
| 39 | / | | | | | | 89 | / | | | | |
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| 41 | / | | | | | | 91 | / | | | | |
| 42 | / | | | | | | 92 | / | | | | |
| 43 | / | | | | | | 93 | / | | | | |
| 44 | / | | | | | | 94 | / | | | | |
| 45 | / | | | | | | 95 | / | | | | |
| 46 | / | | | | | | 96 | / | | | | |
| 47 | / | | | | | | 97 | / | | | | |
| 48 | / | | | | | | 98 | / | | | | |
| 49 | / | | | | | | 99 | / | | | | |
| 50 | / | | | | | | 100 | / | | | | |
| TOTAL IND. | / | | / | | / | | TOTAL IND. | / | | / | | |
| TOTAL DEP. | / | | / | | / | | TOTAL DEP. | / | | / | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | | |